

Mark K. Johnson
Registration No. 35,909
PO Box 510644
New Berlin, WI 53151-0644

FACSIMILE TRANSMITTAL COVER SHEET

CONFIDENTIAL

March 7, 2002

TO: Richard Schnizer, Examiner Fax: 703.746.5338

FROM: Mark K. Johnson 

Total number of pages: 9 including this page.

If you do not receive all pages, please call 262-821-5690 or FAX 262-821-5645.

MESSAGE:

Attached

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named above. If you have received this communication in error, please notify us immediately by telephone and return the original message and all copies to us by mail at our expense.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: **Jon A. Wolff,**)
Vladimir S. Trubetskoy,)
Sean D. Monahan, James E. Hagstrom,)
Paul M. Slattum, Vladimir G. Budker,)
Aaron G. Loomis)

Serial No.: 09/328,975)

Filed: 6/9/99)

Group Art Unit: 1632)

Examiner: **Richard Schnizer**

For: Charge Reversal of Polyion Complexes

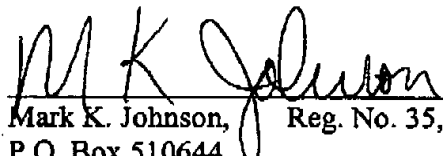
Statement of Mailing

Commissioner of Patents
and Trademarks
Washington, D.C. 20231

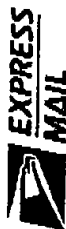
Dear Sir:

The attached is a copy of an amendment that was mailed to the USPTO on the date specified in the certificate of mailing and on the Express Mail receipt.

Respectfully submitted,

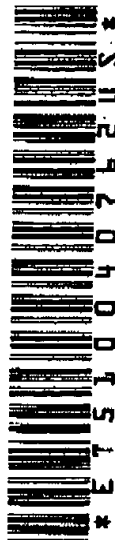


Mark K. Johnson, Reg. No. 35,909
P.O. Box 510644
New Berlin, WI 53151-0644
Telephone: (262) 821-5690



UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



* E T 5 3 0 0 4 0 7 6 2 U S *

ORIGIN: POSTAL USE ONLY		Flat Rate Envelope	
PO ZIP Code: 22207	Day of Delivery: <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> Postage	
Date in: 3-10-01	No. of Pieces: 1	Postage: \$ 10.45	
Time in: 1:08 PM	Military: <input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight: 4.6 oz	INTL Alpha Country Code	COD Fee	
No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Holiday	Acceptance Clerk Initials: [Signature]	Insurance Fee	
CUSTOMER USE ONLY		Total Postage & Fees: \$ 10.45	

METHOD OF PAYMENT	
FROM: (PLEASE PRINT)	TO: (PLEASE PRINT)
M. JOHNSON P.O. BOX 510644 NEW BERLIN, NJ 07851-0644	ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON D.C.

ZIP+4	2	0	2	3	1	+					
-------	---	---	---	---	---	---	--	--	--	--	--

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

Customer Copy
Label 11-8 August 2000